| Project-Name : | GALILEO Gold 510(k) Submission HAMILTON MEDICAL AG | Doc-No.: E351 | 03_Part 2 |
|----------------|---|---------------|-----------|
| DocTitle : | GALILEO Gold Ventilator Modification Part 10 - 510(k) Summary | DocVersion : | 1.1 |

SUMMARY 10

OCT 27 2004

APPLICANTS NAME AND

ADDRESS

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IN THE USA

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Fax: 775-856-5621

e-mail: thompson@hammed1.com Establishment Registration 2937708

DATE THE SUMMARY WAS PREPARED

COMMON NAME

Continuous Ventilator

PROPRIETARY NAME

GALILEO Gold

PURPOSE OF SUBMISSION

New features for existing, legally marketed instrument

in the US (K982910, K001686)

CLASSIFICATION

Name: Ventilator, Continuous (per 21 CFR 868.5895)

Panel: Anesthesiology

Code: CBK

REGULATORY STATUS

1. Current Device Class: Class 2

2. Performance Standards & Special Controls: None

Exist



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PREDICATE DEVICE IDENTIFICATION

| Legally marketed device Predicate Device | s to which equivalence is Manufacturer | being claimed 510(k) number(s) | Classification |
|---|---|---|--|
| DuoPAP and APRV mo | | * | |
| RAPHAEL | HAMILTON Medical AG | K02267 | Ventilator, Continuous, Facility Use per 21 CFR 868.5895 |
| Puritan Bennett 840 | Nellcor Puritan-Bennett | K984535, K001646 | Ventilator, Continuous, Facility Use per 21 CFR 868.5895 |
| NIV mode | | | |
| Evita 4 | Draeger Medizintechnik AG | K010093 | Ventilator, Continuous, Facility Use per 21 CFR 868.5895 |
| MMV⁺ mode | | | |
| Siemens Servo ⁱ | Siemens-Elema AB | K010925, K022132 | Ventilator, Continuous, Facility Use per 21 CFR 868.5895 |
| Siemens Servo 300A | Siemens-Elema AB | K970839 | Ventilator, Continuous, Facility Use per 21 |
| Evita 4 | Draeger Medizintechnik AG | K980642 | CFR 868.5895 Ventilator, Continuous, Facility Use per 21 CFR 868.5895 |
| TRC feature | | | |
| Evita 4 | Draeger Medizintechnik AG | K992608 | Ventilator, Continuous, Facility Use per 21 CFR 868.5895 |



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DEVICE DESCRIPTION

The Galileo ventilator is a legally marketed intensive care ventilator (K982910, K001686). The four modifications included in this application are purely software-related and do not change the hardware of the Galileo Gold ventilator.

This application is for the following options to the Galileo Gold ventilator:

- The DuoPAP (Duo Positive Airway Pressure ventilation) and APRV (Airway Pressure Release Ventilation) ventilation modes are two modes technically almost identical. In both modes, the ventilator alternates the airway pressure between two positive levels according to the preset controls. The ventilated patient can breathe at either pressure level. The spontaneous breaths are synchronized with the automatic switchover between the two pressure levels.
- The NIV (Non-Invasive Ventilation) mode is designed to facilitate ventilation assistance in a non-invasive way (e.g. a facial, a nasal mask or a mouth piece) between the ventilator and the patient's airway.
- The MMV* (Mandatory Minute Ventilation with Advanced Performance) mode is a pressure-controlled, minute volume-constant ventilation with controlled P_{sup} and ventilation rate. The patient pressure is controlled to PEEP + P_{sup} during the insufflation and to PEEP during the expiration. The patient target pressure is identical for the mandatory and for the spontaneous breaths. The mandatory ventilation rate and the inspiration time are set by the clinician. Depending on the patient's spontaneous breath rate, some mechanical breaths are added to achieve the mandatory rate.
- TRC (Tube Resistance Compensation) is a feature to minimize the patient's work of breathing to overcome the additional airway resistance due to the presence of an ET-tube or a tracheotomy tube.

INTENDED USE

The GALILEO Gold is intended to provide positive pressure ventilatory support in intensive care units.

INTENDED OPERATOR

The GALILEO Gold is intended for use by properly trained personnel under the direct supervision of a licensed physician. In the US, federal laws restricts this device to sale by or on the order of a physician.

INTENDED PATIENT POPULATIONS

The GALILEO Gold is intended for intensive care ventilation of adults, pediatric and infant patients.

INTENDED USE ENVIRONMENT

The GALILEO Gold is intended for use at the bedside and for transport within a hospital or hospital-type facility, provided compressed gas is supplied.

The GALILEO Gold is not to be used in the presence of flammable anesthetic agents or other ignition sources.

The GALILEO Gold is not to be used in an environment with magnetic resonance imaging (MRI) equipment.

SUBSTANTIAL EQUIVALENCE

The DuoPAP and the APRV mode of the GALILEO Gold is substantially equivalent to the DuoPAP and APRV modes of the RAPHAEL ventilator and to the BiLevel mode of the Puritan-Bennett 840 ventilator system. The NIV mode of the GALILEO Gold is substantially equivalent to NIV option of the Evita 4 ventilator.

The TRC feature of the GALILEO Gold is substantially equivalent to the ATC option of the Evita 4 ventilator.

The MMV+ mode of the GALILEO Gold is substantially equivalent to the MMV mode of the Evita 4 ventilator and to the Automode of the Servo 300A and Servo ventilators.

| C. Danuser | Page 4 of 7 | 2004-01-29 |
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SUMMARY OF PERFORMANCE TESTS

The performance/qualification testing of the new added Galileo Gold features (DuoPAP/APRV, NIV, TRC and MMV[†]) has been done on modular, integration and system level. The modular and integration testing of the new software based features have been successfully performed for each individual new mode. System tests were executed with a complete instrument, i.e. the new software together with the existing Galileo Gold hardware. As presented within the accompanying documentation, there were no performance deviations observed or documented during modular, integration and system testing.

The ventilator performance has been further evaluated in accordance to the ASTM Standard F1100-93. The graphical analyses of the waveforms shows that there is no new question raised regarding safety and effectiveness of the complete instrument and its new features.

As the implementation of the new software features in the Galileo Gold instrument did not include any new hardware, certain tests could be omitted (e.g. the ASTM F-1100 endurance testing, the EMC testing and the EN-60601-1 and EN 60601-1-2). However, the impact of the new software on the microcomputer system (execution times of the different communication processes, reaction times and the overall load) were tested and documented. As presented within the accompanying documentation, there were no performance deviations observed or documented during the testing.

COMPARISON OF GALILEO GOLD NEW FEATURES TO PREDICATE DEVICES

The four following tables compare the major technological performance characteristics of the new Galileo Gold features to its predicate devices. There are no significant differences between the new Galileo Gold features and its predicates.

MAJOR FEATURE COMPARISON

DUOPAP & APRV (DUAL PRESSURE VENTILATION MODE)

| Function | DuoPAP & APRV | BiLevel | DuoPAP & APRV | Discussion of the differences |
|--|------------------|---|------------------|-------------------------------|
| Product name | Galileo Gold | PB 840 | Raphael | |
| Manufacturer | Hamilton Medical | Nellcor Puritan- Bennett | Hamilton Medical | |
| The 510(K) number | To be assigned | K970460, K984535, K993071, K001646, K021573 | K022679 | u |
| Automatic and regular switchover between two pre-set pressure levels | Yes | Yes | Yes | No difference |
| The ventilated patient can breathe freely at either pressure level | Yes | Yes | Yes | No difference |
| The spontaneous breaths may be pressure-supported if desired | Yes | Yes | Yes | No difference |
| The "control breaths" are synchronized to the spontaneous breaths by the ventilated patients | Yes | Yes | Yes | No difference |

| C Dames | | |
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NIV MODE (NON INVASIVE VENTILATION MODE)

| Function | NIV | NIV option | Discussion of the differences |
|-----------------------------------|---|---|-------------------------------|
| Product name | Galileo Gold | Evita | *** |
| Manufacturer | Hamilton Medical | Draeger | *** |
| The 510(k) | To be assigned | K961687, K980642, K992608, K010093 | |
| Underlying mode | Pressure support | Pressure support | No differences |
| How the inspiration is triggered | Patient-triggered | Patient-triggered | No differences |
| How the inspiration is limited | Pressure-limited | Pressure-limited | No differences |
| How the inspiration is terminated | Flow-cycled (first) Time-cycled (second) | Flow cycled (first) Time-cycled (second) | No differences |
| Indicated patient population | For spontaneously breathing patients only | For spontaneously breathing patients only | No differences |
| Apnea ventilation possible? | Yes | Yes | No differences |

TRC (TUBUS RESISTANCE COMPENSATION):

| Function | TRO | ATC option | Discussion of differences |
|---|------------------|---|---------------------------|
| Product name | Galileo Gold | Evita 4 | |
| Manufacturer | Hamilton Medical | Draeger | |
| 510(k) number | To be assigned | K961687, K980642, K992608, K010093 | |
| To minimize additional WoB _{pt} caused by ET- tube or tracheostomy tube | Yes | Yes | No difference |
| Compensate the resistance from an ET-tube or a tracheostomy tube | Yes | Yes | No difference |
| Apply instantaneous opposite counter-force to offset the resistance | Yes | Yes | No difference |
| Compensation works in both inspiration and expiration phases | Yes | Yes | No difference |
| Users must set up the tube type, size and compensation intensity | Yes | Yes | No difference |
| Display on-line a calculated intra-tracheal pressure curve | Yes | Yes | No difference |

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MMV* (MANDATORY MINUTE VENTILATION WITH ADVANCED PERFORMANCE)

| Major feature of ventilation | MMV⁴ | MMV | Auto | mode |
|--|---------------------|---------------------------------------|------------------------|-------------|
| Product name | Galileo Gold | Evita 4 | Servo ⁱ and | Servo 300 A |
| Manufacturer | Hamilton Medical | Draeger | | mens |
| | | | PRVC | VS |
| User sets target minute ventilation | Yes | Yes | Yes | No |
| User sets target tidal volume | Yes | Yes | Yes | No |
| User sets target rate | Yes | Yes (only the minimum mandatory rate) | Yes | No |
| Regulated inspiratory pressure | Yes | No | Yes | Yes |
| Regulated respiratory rate | Yes | Yes | No | No |
| Assured minimum target minute ventilation Switch between mandatory and | Yes | Yes | Yes | No |
| spontaneous breaths | Yes | No | Υ | es |



OCT 27 2004

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Mr. J. David Thompson General Manager Hamilton Medical, Incorporated P.O. Box 30008 Reno, Nevada 89520

Re: K040574

Trade/Device Name: Galileo Gold Ventilator

Regulation Number: 868.5895

Regulation Name: Continuous Ventilator

Regulatory Class: II Product Code: CBK

Dated: September 30, 2004 Received: October 1, 2004

Dear Mr. Thompson:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Director

Division of Anesthesiology, General Hospital, Infection Control and Dental Devices Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

INDICATIONS FOR USE

| 510(k) Number: | K 040574 | | | | |
|--|---|--|--|--|--|
| Device Name: | Galileo Gold ventilator | | | | |
| Indication for Use: | support to Adults, Pediatric hospital and institutional e patient care, including use | is intended to provide positive pressure ventilatory is and Infants. The device is intended for use in the environment where healthcare professionals provide as a patient bedside or for intra-facility transport, supplied. The device is not intended for transportation e in the home environment. | | | |
| Prescription Us (Per 21 CFR 801 Se | | Over-The-Counter Use (21 CFR 801 Subpart C) | | | |
| (PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED) | | | | | |
| | Concurrence of CDRH, Off | ice of Device Evaluation (ODE) | | | |
| | (Division Sign-Off) Division of Anesthesiology Infection Control, Dental D | General Hospital. Devices | | | |
| | 510(k) Number: | 79 Page 1 of _1_ | | | |